

## DEPARTMENT OF INDUSTRIAL RELATIONS

**INDUSTRIAL MEDICAL COUNCIL**

P.O. Box 8888

San Francisco, CA 94128-8888

Tel: (650) 737-2700 or 1-(800) 794-6900 Fax: (650) 737-2711



&lt;date&gt;

Fee Period: &lt;start&gt; - &lt;end&gt;

License Number: &lt;license #&gt;

Dear Dr.&lt;doctor's name&gt;:

Pursuant to Labor Code § 139.2(n) and 8 CCR, § 18, the Industrial Medical Council requires all physicians appointed or reappointed as Qualified Medical Evaluators (QMEs) to pay an annual fee. The QME fee is non-refundable.

**\$250 FEE**

QMEs who have conducted 25 or more comprehensive medical - legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator, Agreed Medical Evaluator, and Independent Medical Evaluator must be counted for the purpose of fee assessment (8 CCR §§ 16, 17).

**\$125 FEE**

QMEs who have conducted 11-24 comprehensive medical legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator, Agreed Medical Evaluator, and Independent Medical Evaluator must be counted for the purpose of fee assessment (8 CCR §§ 16, 17).

**\$110 FEE**

QMEs who have conducted 0-10 comprehensive medical legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator, Agreed Medical Evaluator, and Independent Medical Evaluator must be counted for the purpose of fee assessment (8 CCR §§ 16, 17).

**ADDITIONAL LOCATIONS**

QMEs who perform evaluations at more than one medical office location are required to pay an additional \$100 per location (8 CCR, § 17).

Misrepresentation of the number of evaluations performed or the number of additional locations shall constitute grounds for disciplinary proceedings (8 CCR, § 60).

Department of Industrial Relations  
Industrial Medical Council

Location Fee Calculation Worksheet

<doctor's name>

License Number: <license #>

Street, City, State, Zip Code, Phone No.

[ ]

[ ]

[ ]

Enter total Number of ALL location boxes checked > \_\_\_\_\_

THIS SECTION MUST BE COMPLETED BY THE PHYSICIAN.

\_\_\_\_\_ \$250.00 Primary fee for those physicians who have  
done 25 or more medical/ legal evaluations.

\_\_\_\_\_ \$125.00 Primary fee for those physicians who have  
done 11-24 medical/ legal evaluations.

\_\_\_\_\_ \$110.00 Primary fee for those physicians who have  
done 0-10 medical/ legal evaluations.

Based on the amount of primary fee I have paid, I hereby  
declare under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date